


REPAIR OF EPISIOTOMY/GENITAL TRACT TRAUMA CHECKLIST

SIGN IN <i>To be completed by the individual conducting the procedure prior to scrubbing</i>	SIGN OUT <i>To be read out loud by the operator before anyone leaves the procedural area</i>
<input type="checkbox"/> Confirm all individuals have introduced themselves. <input type="checkbox"/> Confirm patient identity and procedure.	Confirm actual degree of trauma: <input type="checkbox"/> Episiotomy <input type="checkbox"/> 1 st degree tear <input type="checkbox"/> 2 nd degree tear <input type="checkbox"/> 3 rd degree tear* <input type="checkbox"/> 4 th degree tear* <input type="checkbox"/> Labial or clitoral hood tear
Check consent: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision	Confirm action to trauma: <input type="checkbox"/> Not sutured, reason: <input type="checkbox"/> Transferred to theatre for repair* <input type="checkbox"/> Repaired in room <div style="text-align: right;">Record total blood loss: <i>ml</i></div>
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Confirm operator appropriately: <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised	<input type="checkbox"/> Rectal and vaginal examinations performed following repair.
<input type="checkbox"/> Rectal and vaginal examinations performed.	<input type="checkbox"/> Confirm instrument, swab, tampon, and sharp counts correct. <input type="checkbox"/> Confirm sharps disposed of safely.
What is the anticipated classification of trauma? <input type="checkbox"/> Episiotomy <input type="checkbox"/> 1 st degree tear <input type="checkbox"/> 2 nd degree tear <input type="checkbox"/> Labial or clitoral hood tear <i>*Note – if 3rd or 4th degree tear, transfer to theatre for repair.</i>	Has a vaginal pack or tampon intentionally been left in the patient? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, confirm plan for removal is documented, communicated to the appropriate individuals and the patient's <u>Vaginal Internal Pack (VIP)</u> wristband is secured.
Confirm method of analgesia: <input type="checkbox"/> Local anaesthetic infiltration <input type="checkbox"/> Pudendal nerve block <input type="checkbox"/> Epidural	
Specialty Documents  <div style="text-align: center; color: white;"> AFFIX BAR CODED PATIENT LABEL HERE </div>	<u>Signatures and printed name</u> Operator: Date: Assistant: Time: Supervisor: Location:

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This **LocSSIP** applies to all perineal repairs undertaken on labour ward and in the community setting.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's Repair of Episiotomy/Genital Tract Trauma procedural checklist **must** be used.
 - b. The operator **must** dispose of all sharps before leaving the procedural area.

2. To reduce the risk of inadvertent injury to the mother:
 - a. The operator or supervisor **must** be appropriately trained and signed off as competent.
 - b. Aseptic technique **must** be used.
 - c. Appropriate analgesia **must** be provided.
 - d. Any trauma involving the anal sphincter complex or rectum (i.e. 3rd & 4th degree tears) **must** be repaired in theatre. This is a safer environment to repair such injuries for the following reasons:
 - i. Better lighting and correct visualisation of anatomical structures
 - ii. Sterility and reduced risk of infection and consequent wound breakdown
 - iii. Access to spinal or epidural anaesthesia for extensive tears
 - e. Rectal and vaginal examinations must be performed both before and after undertaking a perineal repair for the following reasons:
 - i. **Before** – to appropriately classify the degree of trauma and thereby:
 1. To determine the most appropriate form of analgesia
 2. To determine whether the patient needs to be transferred to theatre
 3. To determine whether senior help or assistance is required
 - ii. **After** – to confirm all tears are appropriately repaired, and to exclude inadvertent suture placement through the rectal mucosa, thereby increasing the risk of infection and wound breakdown, or recto-vaginal fistula development.

3. To reduce the risk of retained swabs and instruments (**A NEVER EVENT**):
 - a. All swabs and instruments **must** be counted, verified, and documented before and after performing a perineal repair.
 - b. Transferring a patient to theatre between procedures (e.g. instrumental delivery in a labour ward room, followed by transfer to theatre for a perineal repair) is a recognised risk factor for retained swabs and instruments. It is therefore a **must-do** step that all instruments, swabs, tampons and sharps are counted, verified and documented prior to transfer of the patient between areas.

Associated guideline:

- RCOG Green Top Guideline no.26 – Operative Vaginal Delivery.
- Family Health Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.